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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a   | ) Docket Number (Option | Docket Number (Optional)  |  |
|---|-------------------------|---------------------------|--|
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   | B051                    | B051                      |  |
| Application Number 09/893,359   | Filed 06/26/2001        |                           |  |
| For METHOD AND APPARATUS FOR FACILITATING DELIVERY OF MEDICAL SERVICES  |                         |                           |  |
| Art Unit 3626   | Examiner ROBERT \       | Examiner ROBERT W. MORGAN |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                         |                           |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                         |                           |  |
| <u>Fee</u>  | Small Entity Fee        |                           |  |
| One month (37 CFR 1.17(a)(1)) \$120   | \$60                    | \$                        |  |
| Two months (37 CFR 1.17(a)(2)) \$450  | \$225                   | \$                        |  |
| Three months (37 CFR 1.17(a)(3)) \$1020   | \$510                   | \$ <u>510.00</u>          |  |
| Four months (37 CFR 1.17(a)(4)) \$1590  | \$795                   | \$                        |  |
| Five months (37 CFR 1.17(a)(5)) \$2160  | \$1080                  | \$                        |  |
| Applicant claims small entity status. See 37 CFR 1.27.  |                         |                           |  |
| A check in the amount of the fee is enclosed.   |                         |                           |  |
| Payment by credit card. Form PTO-2038 is attached.  |                         |                           |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |                         |                           |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1635 . I have enclosed a duplicate copy of this sheet.            |                         |                           |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |                         |                           |  |
|   | . 08/02/2007 NNGUYEN1   | 1 00000003 09893359       |  |
| I am the applicant/inventor.  | 01 FC:2253              | 510 <b>.</b> 00 (         |  |
| assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |                         |                           |  |
| attorney or agent of record. Registration Number 36,919   |                         |                           |  |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34  |                         |                           |  |
| Mal 19 Soler  | JÜLY                    | JÜLY 31, 2007             |  |
| Signature   |                         | Date                      |  |
| MICHAEL O. SCHEINBERG   | (512)                   | (512) 637-0800            |  |
| Typed or printed name   | Telepho                 | Telephone Number          |  |
| NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                         |                           |  |
| Total of forms are submitted_   |                         |                           |  |

This collection of information is required by 37 CFR 1.186(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (07-07) Approved for use through 08/30/2010. OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete If Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act; 2005 (H.R. 4818). 09/893,359 Application Number ECEIVED TRANSMI Filing Date 06/26/2001 CENTRAL FAX CENTER For FY 2007 First Named Inventor STEVEN BEÇKER L **3 1** 2007 Examiner Name ROBERT W. MORGAN Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3626 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 510.00 B051 METHOD OF PAYMENT (check all that apply) ✓ Credit Card Money Order Other (please identify): None ✓ Deposit Account Daposit Account Number: 501635 Deposit Account Name: MICHAEL O. SCHEINBERG For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES Small Entity **Small Entity** Small Entity Fee (\$) Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Utility 300 500 200 150 250 100 200 Design 100 100 130 50 65 Plant 200 100 300 160 80 150 Reissue 300 150 500 600 250 300 **Provisional** 200 100 0 0 0 0 **EXCESS CLAIM FEES** Small Entity Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$) 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (\$) (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): PETITION FOR EXTENSION OF TIME 510.00 SUBMITTED BY Registration No. 36,919 Telephone (512) 637-0800 Signature (Attorney/Agent)

Name (Print/Type) MICHAEL O. SCHEINBERG

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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